

Mail Drop 526M Fleet Services Unit Motor Vehicle Division PO Box 2100 Phoenix AZ 85001-2100

## PERMANENT/ALLOCATED PERM FLEET SUPPLEMENT

Business/Individual Name				Office Phone	Date	Date Fleet Account Number						Fleet Expiration Month	
Business/Individual Address				City	State Zip Code Contact Person N				ame Contact Person Phone Contact Person Email				
Transaction Type*	Unit Number	License Plate Number	Gross Vehicle Weight	Vehicle Identification Number			\ Ye	/ehicle ear/Make	Leased Y/N	Plate Credit Y/N	County		
*Type of Vehic	ele Change: A	–Add, D–Delete,	 T–Title, W–Weigh	Change, C–Coun	ty Change, DR	-Duplicate	Registration, LP-Lo	st or replace	ement plate, D	T-Duplicate	Title, RT-Replac	ement Tab	
Authorized Signature				Date		MVD Us	Processed By						